

PATENT

9B(LNF)
6/3/04
MLG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application

No. 09/503,401

For: CHANNEL STRUCTURE FOR
COMMUNICATION SYSTEMS

Rezaiifar et al.

Examiner: Volper, Thomas E.

Filed: February 14, 2000

) Group No. 2665

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RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Final Office Action dated March 24, 2004, please amend the above-identified application as indicated below.

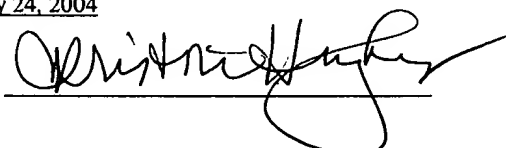
CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Christine Hughey
(type or print name)

Date: May 24, 2004Signature: **FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
(type or print name)

Date: _____

Signature: _____

AF
2697

AMENDMENT TRANSMITTAL FORM

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: PA451DIV2
In Re Application of: Rezaiifar et al.
Serial Number: 09/503,401
Filed: 2/14/2000
Examiner: Volper, Thomas E.
Group Art Unit: 2697

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: () month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
 - a. ☐ PTO-1449
 - b. ☐ Copies of IDS Citations (number of citations:)
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	3	3	0	x \$18 =	\$0.00
Independent**	1	1	0	x \$86 =	\$0.00
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$0.00
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$0.00
			<input type="checkbox"/> Two Months	\$420	\$0.00
			<input type="checkbox"/> Three Months	\$950	\$0.00
INFORMATION DISCLOSURE STATEMENT			<input type="checkbox"/> After First Office Action	\$180	\$0.00
			<input type="checkbox"/> After Final Office Action	\$130	\$0.00
TERMINAL DISCLAIMER				\$110	\$0.00
				TOTAL FEE	\$0.00

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: May 24, 2004

Signature: Roberta A. Young
Roberta A. Young, Reg. No. 63,818
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